Health by Numbers

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Health Risk Disparities Among Rhode Island Adults, 2001

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Eliminating health disparities among Americans is a national and a Rhode Island goal for the Year 2010.[1,2] Disparities in health outcomes and health risks exist between men and women, between groups defined by race and ethnicity, and between groups defined by other criteria such as education, geography, and income. Disparities in health outcomes and health risks can be attributed to differences in access to adequate health care, exposure to environmental factors, genetics, and individual behaviors. This paper presents survey data from Rhode Island's 2001 Rhode Island Behavioral Risk Factor Surveillance System (BRFSS) for nine health risk indicators, and examines disparities between men and women and between groups defined by race and ethnicity.

Methods. The BRFSS is a national telephone survey of randomly selected adults (ages 18 and older) who live in households with telephones. It asks respondents questions about a variety of key health risk behaviors, about health insurance coverage, access to care, and participation in health screening. Fifty states and four territories perform the BRFSS with funding and methodological standards provided by the Centers for Disease Control and Prevention (CDC).[3] Rhode Island has participated in the BRFSS since 1984; a professional survey research firm conducts the annual survey. Results for Rhode Island are reported annually.[4]

In 2001, 4,120 Rhode Island adults were interviewed throughout the year at a rate of approximately 343 per month. This included interviews with 1,550 males, 2,570 females, with 3,404 White non-Hispanic (NH) respondents, 122 Black non-Hispanic (NH) respondents, 292 Hispanic respondents, and 302 respondents in other race/ethnicity groups; 3,328 respondents were between the ages of 18 and 64 and 792 were 65 or older.

Results. There are disparities between males and females for several health-risk behaviors, with males more often at higher risk than females. (Figure 1) Rates for males are twice those for females for: no particular place to go if sick or for health advice (15% vs. 8%), binge drinking (21% vs. 10%), and firearms in the home (18% vs. 9%). Males are also at higher risk than females for: overweight (66% vs. 46%), no health care coverage (ages 18-64) (10% vs. 7%), and smoking cigarettes daily or some days (26% vs. 22%). Females are at greater risk than males for no leisure time physical activity (28% vs. 21%).

There are also disparities for groups defined by race/ethnicity for eight of the nine health-risk behaviors. (Figure 2) Black NHs and Hispanics both have higher rates than White NHs for three measures of access to care — no health care coverage, unable to see a doctor due to cost, and have no particular place to go if sick or for health advice. Both minority groups have higher rates than White NHs for two health risk behaviors — overweight, and no leisure time

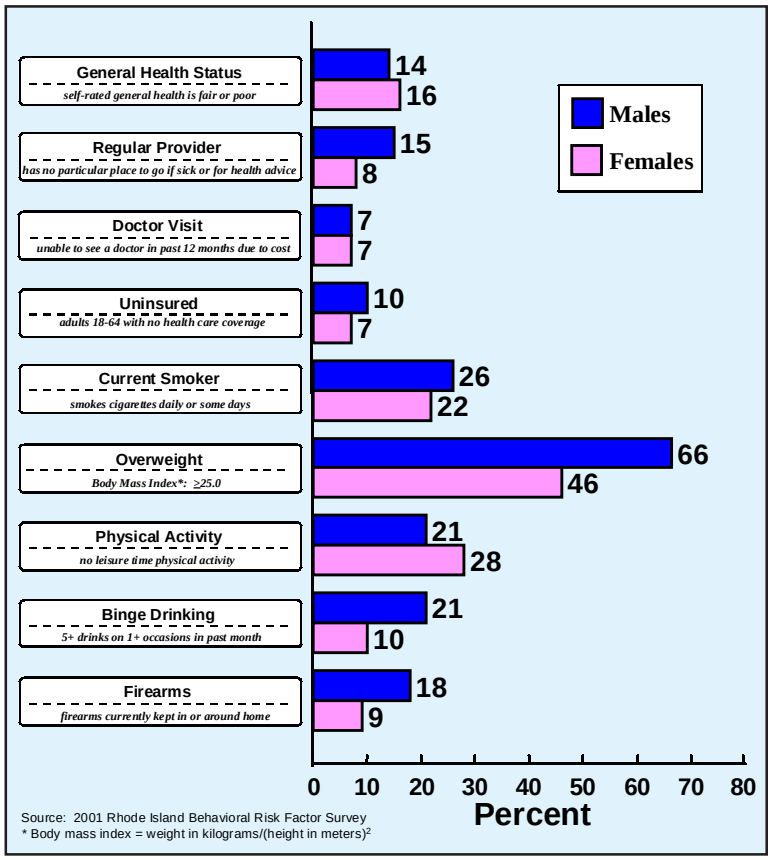

Figure 1. *Health Risks Among Rhode Island Adults (Ages 18 and Older) by Gender, 2001.*

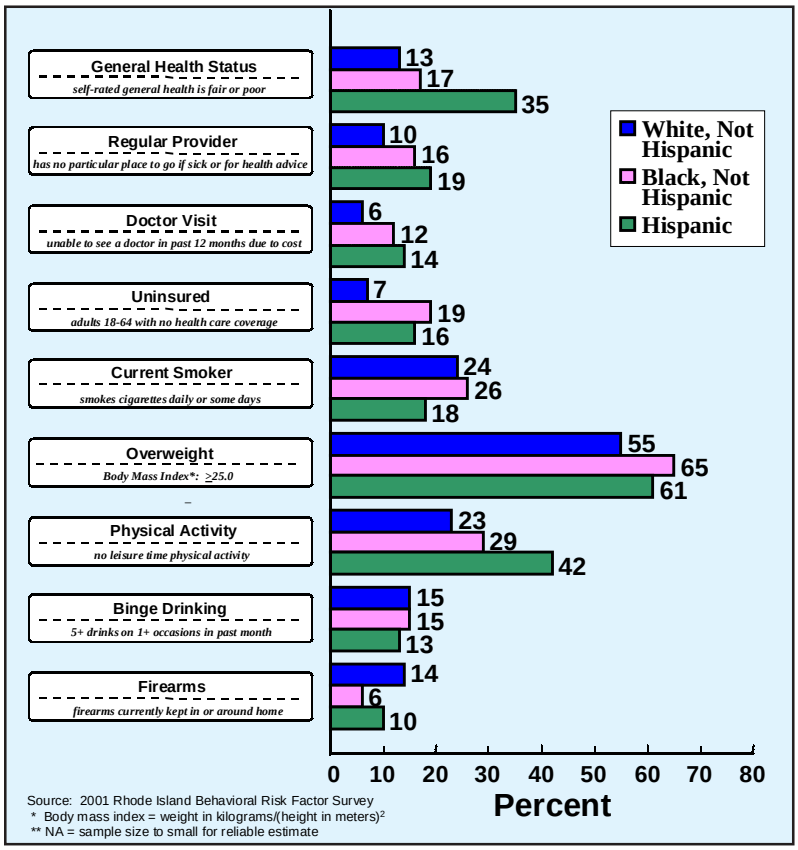

Figure 2. *Health Risks Among Rhode Island Adults (Ages 18 and Older), by Race/ Ethnicity, 2001.*

physical activity. The proportion of Hispanics reporting poor or fair general health is higher than that for either Black NHs or White NHs. Black NHs (26%) and White NHs (24%) are at greater risk than Hispanics (18%) for current smoking. White NHs are at highest risk for keeping a firearm in or around the home (14% compared with 6% of Black NHs and 10% of Hispanics). All three groups have comparable rates for binge drinking (between 13% and 15%).

For some of these measures, disparities between these race/ethic groups are especially large. The percentage of Black NHs and Hispanics with no health insurance coverage (19% and 16%, respectively) is more than twice the rate for White NHs (7%). The percentage of Black NHs (12%) and Hispanics (14%) unable to see a doctor in the past 12 months due to cost is also twice that for White NHs (6%). Forty-two percent of Hispanics report no leisure time physical activity, compared with 23% of White NHs and 29% of Black NHs. 35% of Hispanics rate their health status as fair or poor, more than twice the proportion of Black NHs (17%) and of White NHs (13%).

Discussion. For the majority of the nine BRFSS health risk measures presented here, males are disadvantaged compared with females, and Black NH and Hispanic populations are disadvantaged compared with the White NH population. Overall, greater disparities exist between minority populations and the majority White NH population than exist between the genders. Eliminating disparities is a national overarching health goal for 2010, and Rhode Island shares this goal.[2] To eliminate disparities will require substantial enhancements over the next decade in access to care and in health promotion programs targeting the groups at greatest risk.

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